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Abstract 430

TITLE: HIV Prevention Needs Assessment Among Selected Populations of HIV-Infected Males

in Massachusetts

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BACKGROUND/OBJECTIVES: Working with HIV-infected people to help them establish and maintain long-term behavior change to reduce the spread of HIV is a highly efficient prevention mechanism. However, little has been done to identify the specific prevention needs experienced by different populations of HIV-infected people. This qualitative research project targeted 10 populations of HIV-infected males to assess the risk behaviors, health beliefs, and their contexts to better inform prevention programming.

METHODS: In collaboration with the Massachusetts Department of Public Health and the Massachusetts HIV Prevention Planning Group, 10 focus groups were conducted among different populations of HIV- infected males in 6 cities in Massachusetts. Participants (70 males) discussed issues relating to HIV prevention including medications and health status, reinfection, coinfection, sexual and injecting drug using behaviors, and experiences with and needs for HIV prevention programs. The populations targeted were (all HIV-infected) African American males, injection drug users, Latino males, men of color, men of color who have sex with men, men who have sex with men, and recently released and currently incarcerated prisoners. A high level of participation was obtained for all populations. The transcripts of the groups were analyzed using HyperResearch software.

RESULTS: Participants displayed a comprehensive understanding for some of the issues pertaining to HIV prevention (e.g., adherence to antiretroviral medications to avoid the spread of drug-resistant strains) as well as confusion regarding other HIV-related issues (reinfection, infectiousness, and sexual transmission). High levels of unprotected sex were reported for most targeted populations, and participants who were either currently or formerly incarcerated discussed the high prevalence of syringe sharing in the prison settings. Few participants had any experience with HIV prevention programs for HIV-infected people, with the exception of needle exchange and methadone programs. Prevention services were thought to be most useful if embedded in other HIV services (e.g., housing). Peer-led services were also a preferred element to HIV prevention programming.

CONCLUSIONS: The issues facing HIV-infected males regarding long-term behavior change are varied, complex and have not been adequately addressed by prevention programming. Further research and training for providers working with these populations are indicated. Access to clean syringes and drug treatment are required for HIV-infected inmates, and programs providing support for HIV-infected individuals in disclosing their serostatus and adhering to their medications are needed.

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